



MISSOURI VETERANS COMMISSION
**APPLICATION FOR ADMISSION
TO MISSOURI VETERANS HOME**

DATE

GENERAL INFORMATION

In compliance with the eligibility requirements, I do hereby apply for admission to the Missouri Veterans Home and declare the following statements to be true:

NAME					SOCIAL SECURITY NUMBER	
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)				TELEPHONE NUMBER HOME WORK		
CITY		STATE	ZIP CODE	COUNTY		
DATE OF BIRTH	PLACE OF BIRTH		SEX	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED DATE:	
NAME OF SPOUSE			SPOUSE'S DATE OF BIRTH		SPOUSE'S SOCIAL SECURITY NUMBER	
SPOUSE'S ADDRESS					PLACE OF MARRIAGE	
CITY			STATE	ZIP CODE	DATE OF MARRIAGE	
HAVE YOU MAINTAINED PHYSICAL RESIDENCY IN MISSOURI FOR 180 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO					VA CLAIM NUMBER C-	

MILITARY SERVICE INFORMATION (To be completed only if legible DD214 is not available)

BRANCH AND SERVICE NUMBER	DATE OF ENLISTMENT	PLACE OF ENLISTMENT	DATE OF DISCHARGE	PLACE OF DISCHARGE	RANK	TYPE OF DISCHARGE

INSURANCE INFORMATION

DO YOU HAVE MEDICARE? <input type="checkbox"/> NO <input type="checkbox"/> PART A <input type="checkbox"/> PART B	MEDICARE NUMBER	EFFECTIVE DATE(S)
OTHER INSURANCE: NAME OF COMPANY	POLICY NUMBER	GROUP NUMBER

Certain services provided by entities other than the veterans home may be billed to Medicare Part B and/or other supplemental insurance.

MEDICAL INFORMATION

HAVE YOU BEEN HOSPITALIZED WITHIN THE PAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES	ADMITTING DATE	DISCHARGE DATE
HAVE YOU RESIDED IN A NURSING HOME WITHIN THE PAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES	ADMITTING DATE	DISCHARGE DATE

LIST NAME AND ADDRESS OF FACILITY

LIST NAME AND ADDRESS OF FACILITY			LIST NAME AND ADDRESS OF FACILITY		
FACILITY NAME			FACILITY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

EMERGENCY INFORMATION

List two persons to be notified in an emergency. (If applicant has a guardian, conservator, or power of attorney, list this person first. Attach copies of the legal documents establishing such.)

NAME				RELATIONSHIP
ADDRESS				HOME PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS	WORK PHONE

EMERGENCY INFORMATION (continued)

NAME				RELATIONSHIP
ADDRESS				HOME PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS	WORK PHONE

BURIAL INFORMATION

NAME OF UNDERTAKER	TELEPHONE	DESIRED LOCATION OF BURIAL
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ADDRESS OF UNDERTAKER

SIGNATURE

I fully understand all requirements that must be met and all qualifications that must be possessed by an applicant for admission to a Missouri Veterans Home. I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. This application is my free and voluntary act. I understand that verification of current financial information must be provided upon admission to the Missouri Veterans Home.

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE	DATE
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WITNESS IF SIGNED BY AN "X"	DATE
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WITNESS IF SIGNED BY AN "X"	DATE
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NOTARY INFORMATION (MO Veteran Service Officer may sign in lieu of notary)

NOTARY PUBLIC EMBOSSER OR BLACK RUBBER STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

PLEASE INDICATE CHOICE OF VETERANS HOME (1ST, 2ND, 3RD ETC). ONLY SEND APPLICATION TO 1ST CHOICE OF HOME.

_____ Missouri Veterans Home
1111 Euclid
Cameron, MO 64429
(816) 632-6010 FAX (816) 632-1361

_____ Missouri Veterans Home
2400 Veterans Memorial Drive
Cape Girardeau, MO 63701
(573) 290-5870 FAX: (573) 290-5909

_____ Missouri Veterans Home
#1 Veterans Drive
Mexico, MO 65265
(573) 581-1088 FAX: (573) 581-5356

_____ Missouri Veterans Home
1600 South Hickory
Mt. Vernon, MO 65712
(417) 466-7103 FAX: (417) 466-4040

_____ Missouri Veterans Home
620 North Jefferson
St. James, MO 65559
(573) 265-3271 FAX: (573) 265-5771

_____ Missouri Veterans Home
10600 Lewis and Clark Blvd.
St. Louis, MO 63136
(314) 340-6389 FAX: (314) 340-6379

_____ Missouri Veterans Home
1300 Veterans Road
Warrensburg, MO 64093
(660) 543-5064 FAX (660) 543-5075